

Physician Profile - Database Information

(Please use RED INK to make changes.)

Last Name Khan First Name Fareeha Middle I. Degree MD
 DOB 02/25/1964 Gender Female Hospital ID # 11598 Last Update 06/11/2009
 Practice Name Virginia Heart & Vascular Institute Housecalls Walk-Ins
 Ages Seen 18 - 100 Languages Spoken in Office Hindi, Spanish, Urdu Same Day Appts
 Payment Types American Express, Cash, Personal check, Discover, Master Card Will file insurance Y
 (CASH, SLIDING SCALE, WILL BILL, MC, VISA, AMEX, DISCOVER, SELF-PAY, OTHER)
 Year Started Practice 2003 Year Started at Hosp 2003 Type of Practice S (S=Solo, G=Group)

E-mail Address: _____

Website Address: http://www.vaheart.org

Inova Hospital Privileges Inova Fairfax Hospital Inova Fair Oaks Hospital

Special Procedures Provided

2 Dimensional Echocardiogram Ultrasound/venous Duplex
 Cardiology
 Carotid Doppler
 Holter
 Lipid
 Nuclear Cardiology
 Stress Test

Specialty Cardiology Board Certified (C) / Eligible (E)? CSubspecialty Internal Medicine Board Certified (C) / Eligible (E)? CSubspecialty _____ Board Certified (C) / Eligible (E)? **Physician Educational Information (School/State/Country)**

Medical School	<u>Dow Medical College - Pakistan</u>	Year	<u>1988</u>
Internship	<u>St Luke's Hospital-Columbia University</u>	Year	<u>1995</u>
Residency	<u>St Luke's Roosevelt Health Center</u>	Year	<u>1995</u>
Fellowship	<u>Washington Hospital Center</u>	Year	<u>2002</u>
Fellowship Specialty	<u>Cardiology</u>		
Fellowship	<u>National Heart & Lung Institute</u>	Year	<u>1999</u>
Fellowship Specialty	<u>Cardiology</u>		

NOTES: _____

Office Information

Dr. Fareeha Khan MD

Virginia Heart & Vascular Institute

#1 Primary Office 2826 Old Lee Hwy #100

Phone No. (703) 560-1075

City Fairfax

State VA

Zip Code 22031

Fax (703) 560-1076

Office Hours M - TH : 8-5
FR : 8:30-4

Contact Person _____

Handicap Accessible Y

Public Transportation _____

Office Directions

INSURANCE ACCEPTED FOR NEW PATIENTS: (Please use RED INK to make changes.)

DO YOU ACCEPT NEW PATIENTS FOR VIRGINIA MEDICAID?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DO YOU ACCEPT NEW PATIENTS FOR AMERIGROUP MEDICAID?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DO YOU ACCEPT NEW PATIENTS FOR ANTHEM HEALTHKEEPERS MEDICAID?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DO YOU ACCEPT NEW PATIENTS FOR MEDICARE ASSIGNMENT?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

- | | |
|--|---|
| <input type="checkbox"/> Accepts Private Insurance | <input type="checkbox"/> Patient Files Own Insurance |
| <input type="checkbox"/> AETNA Choice/POS | <input type="checkbox"/> Principle Health Care/MC |
| <input type="checkbox"/> AETNA Elect Choice | <input checked="" type="checkbox"/> Private Health Care Services/NACS |
| <input type="checkbox"/> AETNA Managed Choice/PPO | <input checked="" type="checkbox"/> Private Health Care Services/PPO |
| <input type="checkbox"/> AETNA Q/POS | <input type="checkbox"/> Southern Health/Coventry |
| <input checked="" type="checkbox"/> AETNA/HMO | <input type="checkbox"/> SYSCO/PPO |
| <input checked="" type="checkbox"/> AETNA/PPO | <input type="checkbox"/> Tricare Prime |
| <input checked="" type="checkbox"/> Alliance FELRA/PPO/Onenet Alliance | <input checked="" type="checkbox"/> Tricare Standard |
| <input type="checkbox"/> Alliance PPO MC/Onenet Alliance | <input type="checkbox"/> Unicare/NCPPO |
| <input type="checkbox"/> American Health Plan | <input type="checkbox"/> Unicare/Onenet Alliance |
| <input checked="" type="checkbox"/> BCBS Anthem of VA | <input type="checkbox"/> United Healthcare Golden Rule |
| <input checked="" type="checkbox"/> BCBS Anthem/PPO | <input type="checkbox"/> United Healthcare/Metra |
| <input checked="" type="checkbox"/> BCBS Capital Care Blue Choice | <input checked="" type="checkbox"/> United Healthcare/PPO |
| <input checked="" type="checkbox"/> BCBS Carefirst/PPO | <input type="checkbox"/> Virginia Health Network |
| <input checked="" type="checkbox"/> BCBS Federal Employee Program | <input type="checkbox"/> Virginia Health Network/Walmart |
| <input checked="" type="checkbox"/> BCBS NCAS/Carefirst Felra | <input type="checkbox"/> WAUSAU/PHCS |
| <input type="checkbox"/> BCBS of VA | <input type="checkbox"/> Workman's Compensation |
| <input type="checkbox"/> BCBS VA Indemnity Plan Trigon | |
| <input type="checkbox"/> Beech Street/MC Capp Care | |
| <input type="checkbox"/> Capital Care/Managed Care | |
| <input type="checkbox"/> CCN/Managed Care | |
| <input type="checkbox"/> CIGNA Health Plan/EPO | |
| <input type="checkbox"/> CIGNA Health Plan/HMO | |
| <input type="checkbox"/> CIGNA Health Plan/POS | |
| <input type="checkbox"/> CIGNA Health Plan/PPO | |
| <input type="checkbox"/> Community Health Care Network | |
| <input type="checkbox"/> Core Source NCPPO | |
| <input type="checkbox"/> Core Source PHCS | |
| <input type="checkbox"/> Core Source PPO/Onenet Alliance | |
| <input type="checkbox"/> First Health Network NCPPO | |
| <input type="checkbox"/> Fortis Benefits | |
| <input checked="" type="checkbox"/> GEHA PPO/Onenet Alliance | |
| <input type="checkbox"/> Guardian PPO/Onenet Alliance | |
| <input checked="" type="checkbox"/> Guardian/PHCS | |
| <input checked="" type="checkbox"/> Healthkeeper/Anthem | |
| <input type="checkbox"/> Healthsouth/PPO | |
| <input type="checkbox"/> Humana Choice Care/PPO | |
| <input type="checkbox"/> John Alden PPO/Onenet Alliance | |
| <input type="checkbox"/> Kaiser Permanente | |
| <input checked="" type="checkbox"/> Mailhandlers/First Health | |
| <input type="checkbox"/> MDIPA Opt Choice/Manage Choice | |
| <input type="checkbox"/> MDIPA/MAMSI | |
| <input type="checkbox"/> Mutual of Omaha/PHCS | |
| <input checked="" type="checkbox"/> National Capital Area/NCPPO | |
| <input type="checkbox"/> One Health Plan | |

I hereby affirm that the information contained on this Physician Profile and on all appended sheets is accurate and may be used for physician referrals.

Physician's Signature _____

Fareeha I. Khan, MD

Date _____

September 30, 2011

Fareeha Khan, MD
Virginia Heart & Vascular Institute
2826 Old Lee Hwy #100
Fairfax, VA 22031

Subject: Physician Referral Service

Dear Dr. Khan:

Thank you and your staff for participating in the physician referral and information service program of Inova Health System. Enclosed is a copy of our database file containing your practice and background information.

I would appreciate you or the appropriate member of your staff reviewing this information, making changes where necessary and returning it to me in the envelope provided or fax to 571-423-5550.

Please note that callers to our service most frequently ask questions about the insurance plans you participate in. Obviously, this information is only as accurate as your last update to our database. Please pay particular attention to the attached insurance plan list and correct the information we have provided you. I will update your file promptly based on your feedback.

Our service will be updating physician profiles annually. However, it would be in the best interest of your practice and potential new patients if you would notify us of any changes that occur between our requests for updates.

We welcome any comments or suggestions by you or your staff and thank you in advance for your prompt reply and assistance in reviewing and returning the enclosed information. If you have any questions regarding the Inova Physician Referral program please don't hesitate to call me at 571-423-5537 or email me @ bonnie.john@inova.org.

Sincerely,



Bonnie John
Inova Health System
Physician Referral Program Specialist
bonnie.john@inova.org